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**Neurosurgery Conference Award**

**Trainer Reference Form**

Dear Trainer,

Your trainee is applying to the SBNS Global Neurological Surgery Committee for a travel grant to support attendance at a Neurosurgery Conference, at which they will be presenting their work. We are grateful to you for completing this form.

|  |  |
| --- | --- |
| Trainee’s name | Click or tap here to enter text. |
| Training stage at time of travel | Click or tap here to enter text. |

Please confirm all the statements below

|  |  |
| --- | --- |
|  | I confirm that this trainee is a Neurosurgical trainee and has not yet entered independent clinical practice |
|  | I confirm that this trainee is presenting an oral presentation at the conference |
|  | I confirm that this trainee has sufficient English language skills to benefit from this conference |
|  | I confirm that this trainee has the support of the department to attend this conference |
|  | I confirm that I believe it will be beneficial to this trainee to attend this conference |

**Any additional information?**

|  |
| --- |
| Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| **Your name** | **Date** | **Signature** |
| Click or tap here to enter text. | Click or tap to enter a date. |  |